FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

LYNDALE INVESTMENTS, INC.

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
4257 OAK LANE								DO NOT WRITE IN THIS SPACE		
or 13,8400 c	42		·					Date Incorporated or Qualified 07/08/1975		
2. Principal P	lace of Busin	ness	2a.	Mailing Addr	ess			4. FEI Number Applied For		
21 26								59-1647272 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.								— \$9.75 Additional		
22			27					5, Certificate of Status Desired Fee Required		
City & Stat	е			City & State				6. Election Campaign Financing \$5.00 May Be		
23				28				Trust Fund Contribution Added to Fees		
Zip		Country	\vdash	Žìp		Country	1	8. This corporation owes or has paid the current year Intangible		
24	- Marsa	25	29	lared Asset	30			Personal Property Tax due June 30. X Yes No 10, Name and Address of New Registered Agent		
D11		and Address o	Current negra	resen whenr		81	Name	10. Hame and Address of New Hegistered Agent		
	MSDALE, JA						Name			
	57 OAK LA					82	2 Street Address (P.O. Box Number is Not Acceptable)			
31	. AUGUSTII	NE FL 32086				83				
						03				
						84	City	FL 85 Zip Code		
11. Pursuant	to the provis	ions of Sections	607.0502 and 6	07.1508, Floric	la Statutes, the	e abov	ı e-named c	corporation submits this statement for the purpose of changing its registered		
office or r	registered ac	jent, or both, in t th, and accept t	he State of Florid	ia. Such chan	ge was author	ized b	y the corpo	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE		,	ar an against a	, , , , , , , , , , , , , , , , , , , ,						
O(O) (I) (I) (I)	Signature, typied	or printed name of reg					ent signature re	equired when reinstating) DATE		
12.	P	OFFIC	ERS AND DIREC			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	•	IE IAMEO E		☐ DE		.1 TITLE		L Change L Addition		
NAME	39 OAK	LE, JAMES E.				.2 NAME				
STREET ADDRESS		USTINE FL					ADDRESS			
CITY-ST-ZIP	V	OSTINE PL		□ DE		4 CITY-5	ST-ZIP	☐ Change ☐ Addition		
TITLE	*	LE, JOHN E.		VC	-	1 TITLE		Change — Addition		
NAME	39 OAK					.2 NAME	ADDDEGO			
STREET ADDRESS		USTINE FL			1		ADDRESS			
CITY-ST-ZIP TITLE	81D	OOTHIL I L		□ DE		. 4 CITY - .1 TITLE	51-ZIP	Change Addition		
NAME		LE, RUTH L		_ DC		.2 NAME		C. Oriendo C. Montoli		
STREET ADDRESS		NK LANE					ADDRESS			
		USTINE FL				.3 STREET				
CITY-ST-ZIP TITLE				DE		.4. GHY-:	91- 7 11	☐ Change ☐ Addition		
NAME						. 2 NAME	j			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						.a SINCEI .4 CITY-5				
TITLE				DE		A CITTLE	11-610	☐ Change ☐ Addition		
NAME						2 NAME				
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP					1	.4 CiTY-S	Į.			
TITLE	-			☐ DE		1 TITLE) - Lii	☐ Change ☐ Addition		
NAME						2 NAME				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP						4 CITY - S				
,, <u></u> ."										

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

2/11/08 901-191.4025